	U. S. COST REIMBURSABLE (Department, bureau, or establishment)								- PAID BY			
Voi	Voucher prepared at						-	<u>~</u>	1415			
		STATES, Dr.,	Payee's Account No.			202-3110-50						
To								1	COPY A	FOF 2		
				(Payee)				1		4	1	
		(Ad	iress)									
No.	and Date of Order	Date of Delivery or Service	(Enter descripti schedule, Discount Terms	ARTICLES OR SER ion, Item number of co and other information	ntract or Federal st	ıpply	QUANTITY	Cost	Per	AMOUN	Cts	
			Cost							\$10,086	31	
PAYN	MENT:											
Co	mplete rtial							*				
-	ped from	1	U:	se continuation sheet(s) i	f necessary Government E	3/L No.			Total	\$10,086	31	
		above bill is correc	t and just and that p	payment has not been re		·	must NO	T use this		<u>φ20300</u>		
			(Sign orlginal onl			Difference	28					
Date -	<u>5-21-</u>	50 *n	wher	n a like certificate is made by payes	on attached bill or bills)		nt verified;			10,086	3/	
	Per		tle	D.	N.	18.0 per				1		
	Contract No. Date								nvoice Rec	G.	===	
	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ †											
			SIGN							Tor The base of which		
ъу		부족 및 프로마 이 보는 보통 하는 이 첫 중 한 명 수 명 보 명 및 -		ONLY	Title					· · · · · · · · · · · · · · · · · · ·		
Trial.												
I itle	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM											
1 itle												

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